

NEW JERSEY DEPARTMENT OF CORRECTIONS
DIVISION OF PROGRAMS AND COMMUNITY SERVICES
OFFICE OF COMMUNITY PROGRAMS

Inter-Agency Transfer Request

I _____
(Resident Name) (SBI)
currently a resident at _____ hereby
(RCRP)

request consideration for a transfer to _____.
(RCRP)

Reason for this request: _____

(Resident's Signature) (Date)

(RCRP Director's Signature) (Printed Name) (Date)

RCRP USE ONLY- (Must be sent to OCP within 10 business days of receipt from resident)

☐ Approved ☐ Disapproved

Comments: _____

(RCRP Director Signature) (Printed Name) (Date)

NJDOC OCP USE ONLY (Must be returned to RCRP within 5 business days of receipt)

☐ Approved ☐ Disapproved

(Assignment Unit Staff) (Printed Name) (Date)

(Supervisor's Signature) (Date)